



AN ASSOCIATION OF
MONTANA HEALTH
CARE PROVIDERS

PUBLIC HEALTH, WELFARE & SAFETY
Exhibit No. 2
Date 4/6/2011
Bill No. HB 377

Testimony in Support of **HB377**
Senate Public Health and Safety Committee

An Act Allowing the Use of Medication Aides in Long-Term Care Facilities

MHA...An Association of Montana Health Care Providers supports passage of HB377, a bill that would allow the use of Licensed Medication Aides to administer certain medications to residents in licensed nursing facilities.

In addition to hospitals, MHA represents not-for-profit nursing homes across Montana. MHA staff participated in the HJ17 workgroup, which was required to study:

(1) identifying other states where the use of medication aides is allowed in nursing homes in order to obtain and review information from those states about:

- (a) the qualifications of medication aides, including the level and type of education and training required;
- (b) the level of supervision by licensed nurses that may be required for medication aides;
- (c) the restrictions on the types of medications or routes of medication administration for medication aides;
- (d) the liability and licensure issues related to supervision by licensed nurses;
- (e) any study, evaluation, or analysis completed by other states related to the use of medication aides;
- (f) the problems encountered and successes achieved in the use of medication aides;
- (g) the structure for the regulation and licensure or certification of medication aides; and
- (h) other information considered pertinent to the study; and

(2) obtaining and reviewing information from appropriate state or national organizations related to the use of medication aides, including but not limited to the National Council of State Boards of Nursing and the American Society of Consultant Pharmacists.

The workgroup reviewed the structure and processes of other states that allow medication aides in nursing facilities, position papers and policies from various entities, and explored any areas of concern to come up with a consensus to be presented in a report to the 62nd Legislature.

It was determined that with appropriate education, training, and supervision, the use of licensed medication aides in nursing facilities can be done safely in Montana. The statutory requirements in HB377 are on par with (and sometimes more than) other states' requirements for this same category of staff. They must have CNA certification, experience in a nursing facility, and an additional 100 hours of education before testing and applying for a license. They will also always function under the supervision of a licensed nurse on the premises.

We also reviewed whether the states with medication aides had “taken” jobs from other nurses, specifically LPNs; there was absolutely no data to support this assertion. We studied whether nurses felt that parts of their roles were being eliminated or removed; to the contrary, they felt strongly that having the aides enhanced their abilities to spend more time with the residents and focus on true nursing functions of assessment, planning, and evaluation rather than on the task of administering medications.

While not wanting to minimize the importance of proper medication administration, it is not this particular task that defines a nurse. Other disciplines and lay people administer medications all the time. In the home health setting, the nurses teach family members, friends, neighbors to give patients their medications. The aide does not decide what to give or how much to give. These tasks are provided by the ordering provider and the licensed nurse. If the nurse has some assistance in the very time-consuming task of administering meds, s/he can concentrate on the more comprehensive aspects of the role for which s/he has trained.

MHA does feel that the amendment for 12 hours of continuing pharmacology education is extraneous, as the aide is already required to have 12 hours of continuing education—related to his/her position—per year. This is 2 hours more than an Advance Practice Registered Nurse, who has the ability to prescribe medications, is required to have. We also feel that a trained aide is competent to administer the medications as described in the bill, and that additional amendments will not add any further protection to the public.

I believe everyone in the legislature is aware of the shortages in our health care workforce; it is our responsibility to search for reasonable and safe alternatives to our current delivery models. The use of medication aides in nursing homes is in existence in at least 20 other states, some of which have been using them successfully for many years—with no evidence of increased adverse outcomes when compared to administration by licensed nurses.

Our nurses are stretched about as thin as they can get in their roles in nursing facilities, and our members would like the option of using these aides as needed. MHA thanks the Committee for the opportunity to present this testimony in support of HB377, and we urge a due pass for this bill.

Respectfully submitted,

Casey Blumenthal, MHSA, RN

Casey Blumenthal, MHSA, RN, CAE
Vice President
MHA...An Association of Montana Health Care Providers
PO Box 5119 – 1720 9th Avenue
Helena, MT 59604
406-442-1911